PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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Assistant Commissioner for Patents
Washington, D.C. 20231

MAY 0 1 2000

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

LMC1/0214

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WILLIAM D BAUER
IMATION CORP  LEGAL AFFAIRS
P O BOX 64898
ST PAUL MN 55164-0898
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William D. Bauer _(Depositor's name)_

(Signature)

April 26, 2000 _(Date)_

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/882,561	07/03/97	047	NGUYEN, K 2772	02/14/00

First Named Applicant	EDGE,	35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION: ARRANGEMENT FOR MAPPING COLORS BETWEEN IMAGING SYSTEMS AND METHOD THEREFOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
53492USA1A	345-431.000	I10	UTILITY	NO	$1210.00	05/15/00

1. Change of correspondence address or indication of " Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William D. Bauer

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a subsitiue for filing an assignment.

(A) NAME OF ASSIGNEE
MINNESOTA MINING AND MANUFACTURING COMPANY
(B) RESIDENCE: (CITY & STATE OR COUNTRY)
Saint Paul, Minnesota
Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual   ☒ corporation or other private group entity   ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

William D. Bauer, Reg. No. 28,052   (Date) 4-26-00

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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